PART B - FEE(S) TRANSMITTAL



APR 2 2 2005

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7590

01/21/2005

Pitney Hardin Kipp & Szuch LLP 685 Third Avenue New York, NY 10017

04/25/2005 DEMMANU2 00000048 10034064

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Veyeine Nation (Signature) 2005 19, (Date)

1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
,	10/034,064	12/20/2001	Zdenek Machacek	769-305	9466	
·	TITLE OF INVENTION: ZI	PPER WITH PRE-ACTIVA	TED PEEL-SEAL			

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE		EE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	0 \$300		\$1700		04/21/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS			
SAKRAN,	VICTOR N			024-399000	_		•
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence				nting on the patent front page, li ames of up to 3 registered pater OR, alternatively,		Pitney	Hardin LLP
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		a member a nes of up to no name is	3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ILLINOIS	TOOL	WORKS	INC.	

GLENVIEW, ILLINOIS

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 😰 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies

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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1145 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Typed or printed name

Gerald Levy

Date April 19, 2005

Registration No. 24.419

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